

Town of Fountain Hills
Parks & Recreation Department
Registration Form



Part 1 • Family Information (Please print clearly)

Family Main Contact: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

E-mail Address: _____

Emergency Contact: _____ Mobile Phone: _____

Part 2 • Complete information for each participant (Please print clearly)

Participant's Name	Sex	Birthdate	Grade	Program	Course Number			Fee
	<input type="radio"/> M <input type="radio"/> F							
	<input type="radio"/> M <input type="radio"/> F							
	<input type="radio"/> M <input type="radio"/> F							
	<input type="radio"/> M <input type="radio"/> F							
	<input type="radio"/> M <input type="radio"/> F							
Please describe any accommodation needed for your enjoyment of this program:					Credit Balances of \$10 or less will be applied to your account.			
							Total Fees \$	

Part 3 • Signature

Waiver and Release of All Claims - Must be signed or registration cannot be processed.

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Town of Fountain Hills programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Town and its officers, agents, servants and employees as a result of participant in any of the above program(s). I hereby fully release and discharge the Town and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Town and its officers, agents, servants and employees for, from and against any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s).

Media Disclaimer: By participating in programs and special events, a participant expressly grants the Town of Fountain Hills the royalty free license and complete release to take photos and videos of themselves and their children for publication in the program brochure, web site and additional uses as the Town deems necessary unless the registrant or participant expressly files with the Town a written objection as to photos or videos of themselves and/or their children.

I have read and fully understand the program details and waiver and release of all claims.

Signature of Participant (Parent/Guardian if participant is under 18) _____ Date _____

Part 4 • Fill in Credit Card Information

This Section must be filled out if you are using VISA or MasterCard

Charge My:

VISA

MasterCard

Account Number _____

Expiration Date _____

Card Holder (print name) _____

Amount of Payment \$ _____

Authorized Signature _____

Part 5 • Return your form to the Town

Mail in, Drop off, or Fax it in!

Town of Fountain Hills
16705 E. Avenue of the Fountains
Fountain Hills, AZ 85268
Fax: (480) 837-3999
Questions: (480) 816-5151